

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000012970

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** BAY WINDS LODGING SARASOTA, L.L.C.

**Current Principal Place of Business:**

3557 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

950 UNIVERSITY PARKWAY  
SARASOTA, FL 34234

**Current Mailing Address:**

3557 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 20-8395031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, THOMAS D  
1609 CHINABERRY WAY  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WHITE, THOMAS D  
Address: 1609 CHINABERRY WAY  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS D WHITE

MGR

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date